

09/472666



12/27/99

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	98-1176
	First Inventor or Application Identifier	Thomas, K.
	Title	Method and Media for Virtual Pro...
	Express Mail Label No.	EI599710903US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 17]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
- Oath or Declaration [Total Pages]
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Copy
 - ☐ Paper Copy (identical to computer copy)
 - ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input checked="" type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input type="checkbox"/> * Small Entity Statement(s) (PTO/SB/09-12)	<input type="checkbox"/> Statement filed in prior application, Status still proper and desired
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Anthony Claiborne				
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Name (Print/Type)	Anthony Claiborne	Registration No. (Attorney/Agent)	39,636
Signature	<i>Anthony Claiborne</i>	Date	12-23-1999

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<h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2> <p style="text-align: center; font-size: small; margin: 0;">Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>	<p style="text-align: center; font-weight: bold; margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td style="text-align: center;">12/27/1999</td> </tr> <tr> <td>First Named Inventor</td> <td style="text-align: center;">Thomas. Keith</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td style="text-align: center;">98-1176</td> </tr> </table>	Application Number		Filing Date	12/27/1999	First Named Inventor	Thomas. Keith	Examiner Name		Group / Art Unit		Attorney Docket No.	98-1176
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																				
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 50-0439</p> <p>Deposit Account Name: Gateway, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p>	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205 65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227 25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139 130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147 2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112 920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113 1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215 55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216 200</td><td></td></tr> <tr><td>117</td><td>950</td><td>217 475</td><td></td></tr> <tr><td>118</td><td>1,510</td><td>218 755</td><td></td></tr> <tr><td>128</td><td>2,060</td><td>228 1,030</td><td></td></tr> <tr><td>119</td><td>310</td><td>219 155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220 155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221 135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138 1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240 55</td><td></td></tr> <tr><td>141</td><td>1,320</td><td>241 660</td><td></td></tr> <tr><td>142</td><td>1,320</td><td>242 660</td><td></td></tr> <tr><td>143</td><td>450</td><td>243 225</td><td></td></tr> <tr><td>144</td><td>670</td><td>244 335</td><td></td></tr> <tr><td>122</td><td>130</td><td>122 130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123 50</td><td></td></tr> <tr><td>126</td><td>240</td><td>126 240</td><td></td></tr> <tr><td>581</td><td>40</td><td>581 40</td><td></td></tr> <tr><td>146</td><td>790</td><td>246 395</td><td></td></tr> <tr><td>149</td><td>790</td><td>249 395</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>Other fee (specify) _____</p>	Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	105	130	205 65		127	50	227 25		139	130	139 130		147	2,520	147 2,520		112	920*	112 920*		113	1,840*	113 1,840*		115	110	215 55		116	400	216 200		117	950	217 475		118	1,510	218 755		128	2,060	228 1,030		119	310	219 155		120	310	220 155		121	270	221 135		138	1,510	138 1,510		140	110	240 55		141	1,320	241 660		142	1,320	242 660		143	450	243 225		144	670	244 335		122	130	122 130		123	50	123 50		126	240	126 240		581	40	581 40		146	790	246 395		149	790	249 395																																																									
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Anthony Claiborne			Reg. Number	39,636
Signature		Date	12-23-1999	Deposit Account User ID	50-0439

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CERTIFICATE OF EXPRESS MAILING

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Date of Deposit: 12-27-1999

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Gayle Bekish

Gayle Bekish

JC490 U.S. PTO
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